

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ DEC 11 2017 ★

LONG ISLAND OFFICE

MICHAEL PRICE #16004900

Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND

YES ☐ NO ☒

against

DETECTIVE KEVIN M. KENNEY, SHIELD #871
M.P. ~~ANTONIO GARCIA, SHIELD #8026~~ STEPHEN G. FIRESTONE, SHIELD #8026
COUNTY OF NASSAU

Enter full names of defendants

(Make sure those listed above are
identical to those listed in Part III.)

CV17 7217

Defendants.

BIANCO, J.

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment? Yes () No (☒)

B. If your answer to A is yes, describe each lawsuit in the space below
(If there is more than one lawsuit, describe the additional lawsuits
on another piece of paper, using the same outline.)

SHIELDS, M.J.

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: .. _____

II. Place of Present Confinement: NASSAU COUNTY CORRECTIONAL CENTER

A. Is there a prisoner grievance procedure in this institution? Yes () No (✓)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (✓)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

~~E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No (✓)~~

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff MICHAEL PRICE

Address 100 CARMAN AVE.
EAST MEADOW, N.Y. 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served.
Plaintiff must provide the address for each defendant named.

Defendant No. 1

DET. KEVIN M. KENNEY (SHIELD #871)
NASSAU COUNTY POLICE DEPARTMENT
NARCOTICS VICE SQUAD

Defendant No. 2

COUNTY OF NASSAU

Defendant No. 3

DET. STEPHEN G. FIRESTONE, SHIELD 8026
NASSAU COUNTY POLICE DEPARTMENT
NARCOTICS VICE SQUAD

Defendant No. 4

Defendant No. 5

(Make sure that the defendants listed above are identical to those listed in the caption on page 1).

(State briefly and concisely, the facts of your case. Include the date(s) of the events, as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 3 1/2 by 11 sheets of paper as necessary.)

On March 2, 2016, at approximately 10:00 P.M. Both Defendants Kevin M. Kenny and Stephen G. Firestone knocked on my door, Apartment #342 at 303 Main Street, Hempstead, New York. Upon answering my door, both detectives entered my apartment, without warning or consent, and placed me under arrest. I inquired as to why I was being arrested, but was informed by both defendants that I would be told "later". Few days later, I was informed that I did not learn of my charges until arraignment, in which I denied any/all involvement. I was held in jail until I could afford a reduced bail, but when I was arrested on a separate matter, these charges became the subject of additional prosecution and possible punishment.

I maintained my innocence until finally on July 3, 2017, both charges were dismissed.

IV. A. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

FALSE ARREST

UNLAWFUL IMPRISONMENT

TRESPASS

MALICIOUS PROSECUTION

HUMILIATION / EMBARRASSMENT / DEFAMATION OF CHARACTER

EXTREME EMOTIONAL DISTRESS

MENTAL ANGUISH

PAIN AND SUFFERING

State what relief you are seeking if you prevail on your complaint.

MONEY DAMAGES

PUNITIVE DAMAGES

REDRESS

REPARATION

COMPENSATION

RESTITUTION

INDEMNITY

* THE TOTAL SUM CLAIM OF ONE MILLION DOLLARS (\$1,000,000)
IS HEREBY PRESENTED FOR ADJUSTMENT AND PAYMENT.

I declare under penalty of perjury that on 12-5-17, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 5th day of DECEMBER, 2017. I declare under penalty of
perjury that the foregoing is true and correct.

Signature of Plaintiff

NASSAU COUNTY CORRECTION

Name of Prison Facility

100 CARMAN AVE.

EAST MEADOW, N.Y. 11554

Address

16004900

Prisoner ID#